

**– Intervention Plan –
Jurisdiction Aggregate Form**

OMB No. 0920-0497
Expiration Date: 04/30/2004

[2] Number of group-level interventions (GLIs)
this form describes :

Complete a <i>separate</i> form for <i>each</i> primary population served by this type of intervention		
<p>Risk Population</p> <p>Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. <i>[See instructions for distinguishing between primary and secondary risk populations.]</i></p>	<p>[3] Primary Population</p> <p> <input type="radio"/> MSM <input type="radio"/> MSM/IDU <input type="radio"/> IDU <input type="radio"/> Heterosexual <input type="radio"/> Mother with/at risk for HIV <input type="radio"/> General Public </p>	<p>[4] Secondary Population</p> <p> <input type="radio"/> MSM <input type="radio"/> MSM/IDU <input type="radio"/> IDU <input type="radio"/> Heterosexual <input type="radio"/> Mother with/at risk for HIV <input type="radio"/> General Public </p>

[5] Number of GLIs for this risk population to be provided by the following types of agencies (total should equal number in [2] above):									
CBO - Minority Board	_____	State Health Department	_____	Academic Institution	_____	Other Agency	_____		
CBO - Non-Minority Board	_____	Local Health Department	_____	Research Center	_____	(please specify)			
Faith Community	_____	Other Government	_____	Individual	_____				
							Total	_____	

[illegible]

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[7]	Evidence or Theory Basis for the Intervention and Justification for Application to the Target Population and Setting	
	Evidence or Theory Provided	Evidence or Theory Not Provided

[8] Service Delivery Plan	
Sufficient Delivery Plan	
Insufficient Delivery Plan	

[9]	Notes/Comments Field:
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